

**Department of Health
Environmental Health Administration
Bureau of Hazardous Waste & Toxic Substance
51 N Street, NE, Room 3032
Washington, D.C. 20002**

REGISTERED EMPLOYEE I.D. CARD REQUEST/TERMINATION FORM

Please print legibly or type.

Name of Business or Agency

Telephone No.

Street Address

Mailing Address

City

State

Zip Code

Business or Agency Customer Number From License (REQUIRED) _____

EMPLOYEES TO BE REGISTERED: (Do Not Send Photos with Application)

1. _____
Employee Name Home Address (Street)

Social Security Number City State Zip

2. _____
Employee Name Home Address (Street)

Social Security Number City State Zip

3. _____
Employee Name Home Address (Street)

Social Security Number City State Zip

EMPLOYEES TO BE CANCELED: (Return I.D. card if possible).

Name(s):

Date of Termination:

**APPLICATION MUST BE SIGNED BY THE LICENSED APPLICATOR UNDER WHOSE
CERTIFICATION REGISTERED EMPLOYEE WILL WORK.**

Signature

Date

Certified Applicator's Name

Customer Number (Required)

ADDITIONAL EMPLOYEES TO BE REGISTERED:

4.	_____	_____
	Employee Name	Home Address (Street)
	_____	_____
	Social Security Number	City State Zip
5.	_____	_____
	Employee Name	Home Address (Street)
	_____	_____
	Social Security Number	City State Zip
6.	_____	_____
	Employee Name	Home Address (Street)
	_____	_____
	Social Security Number	City State Zip
7.	_____	_____
	Employee Name	Home Address (Street)
	_____	_____
	Social Security Number	City State Zip
8.	_____	_____
	Employee Name	Home Address (Street)
	_____	_____
	Social Security Number	City State Zip
9.	_____	_____
	Employee Name	Home Address (Street)
	_____	_____
	Social Security Number	City State Zip

ADDITIONAL EMPLOYEES TO BE CANCELLED:

Name(s):

Date of Termination:

